

Name in Full

Certificate of Death

Harry Bachtte

Town

County

Died at

Green Spring Wash,

MARYLAND

Date 1902

Month Day
Oct 6Y. M. D.
Age 3

Native of

Md

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Clarence Bachtte

Mother's

Emma Moore

Maiden Name

Cause of

Primary

Diorehr 105

Death

Immediate

exhaustion

How long sick

Accident, Suicide, Homicide

Reported by

Frank Bros

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY DUPEAU. 70098



Name
in
Full

CERTIFICATE OF DEATH

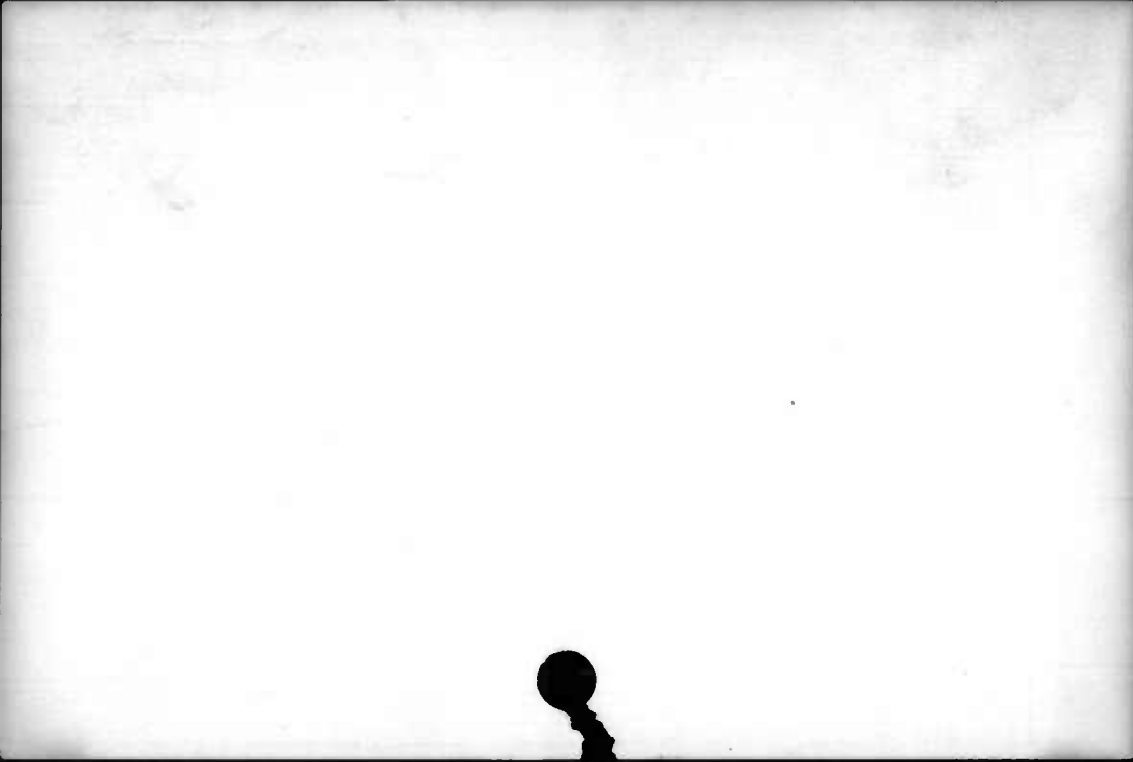
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MAYLAND	
Date of death	<i>9-2</i>	Month	<i>10</i>	Day	<i>12</i>	Age	<i>87</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>	Months	<i>1</i>
Married, Single or Widowed	<i>Widower</i>			Occupation	<i>Retired Merchant</i>		
Name of Wife or Husband							
Father's Name <i>Elias Baker</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Anna Zuck</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Daughter</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>154</i>
Immediate	<i>Exhaustion</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>O. H. W. Rague</i>	
Address		<i>Hagerstown, Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Daniel E. Beard,

Died at

Chesverile

County

Washington

MARYLAND

Date 1902

Month

Day

10 26

Y.

M.

D.

Age 79-6-5

Native of

Md.

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Isabella S. Beard,

George Beard

Salome Gehl

Hypertrophy of Heart

Dropsy

How long sick

7 months

Accident, Suicide, Homicide

Reported by

Dr. H. H. F. F. F.

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Frank H. Bell*
 Town *Youngstown* County *Ohio* MARYLAND
 Died at *Ohio*
 Date 19 *Oct* Month *2* Day *24* Y. *24* M. *Ind* D. *Ind* Native of *Ind* Occupation *Machinist*
 Male *White* ~~Married~~ *Widow* ~~Divorced~~
~~Female~~ ~~Colored~~ *Single* ~~Widower~~ Number of children living
 Husband of
 Wife
 Father's Name *Jonas Bell* Mother's Maiden Name *Mattie Angle*
 Cause of Death { Primary *Typhoid* Immediate *Pneumonia* How long sick *3 weeks*
 Accident, Suicide, Homicide
 Reported by *Frank Brownlee receiving*
 Address *Cleer Spring Mo* *Underlaker*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Benjamin Bugamon.

Town

County

Died at Melok run, Frenchville Penna.

MARYLAND

Date 1902 Oct. 18 Sat. Age 59 0 18 Y. M. D. Native of Yuma, Occupation Stevedore

Male White Married Widower Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 10

Husband of Alice Olivia Bugamon

Father's Name Philip Bugamon Mother's Name Morcia Bugamon

~~Maiden Name~~

Cause of Death { Primary Intestinal nephritis 120 24 Years

Immediate Cerebral Apoplexy

How long sick 24 Years

Accident, Suicide, Homicide

Reported by Harry TB Ahnizmon M.K.

Address Melok run Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828

Broadfording

Wd

Name in Full

Certificate of Death

Aida Mariak Levil

Died at Leitersburg Wash

MARYLAND

Date 1902 Oct 29 Month Oct Day 29 Y. 61 M. 6 D. 10 Native of America Occupation Housewife
Male White Married Widow Divorced
Female Colored Single Widower Number of children living 9

Husband of Thomas B. Levil
 Wife

Father's Name Hernie Horne Mother's Maiden Name Mariah Horne

Cause of Death { Primary Apoplexy let How long sick 4 months
 Immediate Heart Failure Accident, Suicide, Homicide

Reported by

Address

J. G. Jarboe
Leitersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Charles William Tanner

Died at ^{Town} Brownsville ^{County} Washington MARYLAND

Date 1902	Month 10	Day 16	Y.	M.	D.	Native of	Occupation
				4	28	md	
Male	White	Married				Divorced	
Female	Colored	Single				Widower	Number of children living

Husband of _____

Wife _____

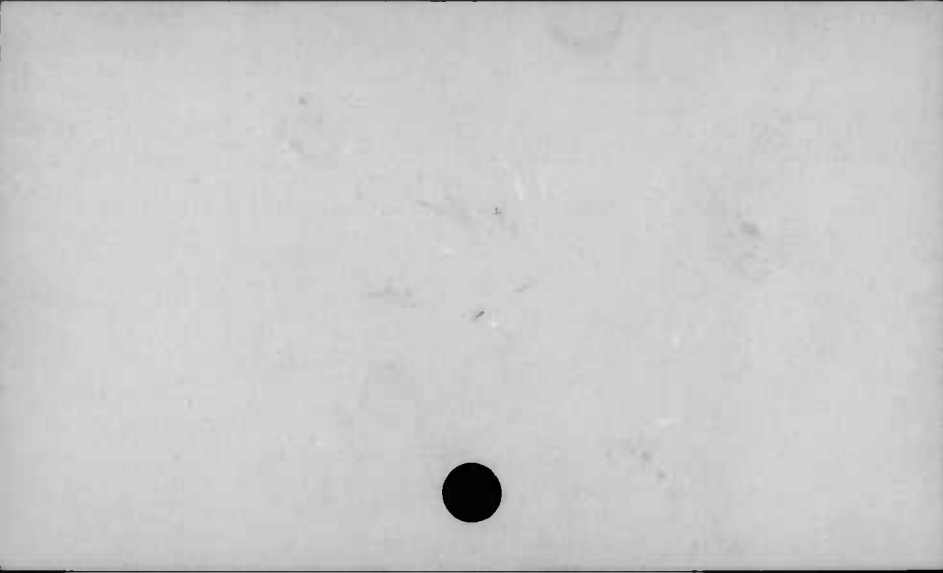
Father's Name	Charles F. Tanner	Mother's Maiden Name	Lottie L. Miller
---------------	-------------------	----------------------	------------------

Cause of Death	Primary	Corruption	How long sick	2 Weeks
	Immediate		Accident, Suicide, Homicide	

Reported by J. T. Yountie

Address Brownsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Francis Marian Davis

Town

County

Died at

Near Hancock Washington

MARYLAND

Date 19

02

Month

Day

10 27

Age

Y.

M.

D.

60 4 7

Native of

Maryland

Occupation

Laborer.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

None.

Husband

of

Wife

Jane Mary Davis.

Father's

Mother's

Name

Maiden Name

Joseph Davis

Maria Albright.

Cause of

Primary

How long sick

Death

Immediate

Heart Disease

Accident, Suicide, Homicide

Reported by

P. C. Higgins

Address

Hancock, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895



Name in Full

Certificate of Death

John Paul Driver -

Town

County

Died at

Clearspring

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10 - 6

Age

73 - 3 - 8

Penna

Retired

Male

White

Married

Widow

Divorced

Number of children living

None

Husband

of

Sarah Ann Driver -

179

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Disease of Brain & Malarial Poisoning

How long sick

12 years =

Death

Immediate

Jaundice & Asthenia -

Accident, Suicide, Homicide

Reported by

Chas T. Mason, M.D.

Address

Clearspring

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899.



Name in Full

Certificate of Death

Mrs. Susan T. Evers

Town

County

Died at

Hagerstown Washington

MARYLAND

Date 19

02

Month

Day

10 11

Age

59 - -

Native of

Maryland Housewife

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living 2

Husband

of

Milton Evers.

Wife

Father's

Name

Aloysius Futterer

Mother's

Maiden Name

Catherine Stutz.

Cause of

Primery

How long sick

Death

Immediate

Purulent absorption 20

Accident, Suicide, Homicide

Reported by

Address

L. B. Dyl 22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hagerstown
LIBRARY BUREAU, 79866



Name
in
Full

Irma Agnes Gross.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Indian</i> Town		<i>Worsh</i> County			
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>22</i>	Age <i>1</i> Years	Months <i>2</i>	Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Manner</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Chas. Gross</i>			Father's Birthplace <i>Antietam</i>		
Mother's Maiden Name <i>Lurie Myers</i>			Mother's Birthplace <i>Mt. Look</i>		
Name of person giving information <i>C. H. Baker</i>			How related to deceased <i></i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty degeneration Liver & Kidneys</i>	How long <i>4 months</i>
Immediate <i>Engorgement of Lung</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Baker</i>
	Address <i>Rohrerstown, Pa.</i>
Accident or Suicide? <i></i>	

Length of Grave 3 ft -

Width

14 inches

Name
in
Full

Iva Catharine Harper

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

7

Oct

28

Age

Sex

Female

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

G. W. Harper

Father's
Birthplace

Md

Mother's
Maiden Name

Mary J King

Mother's
Birthplace

Md

Name of person giving
information

G. W. Harper

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cardiac

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

L. M. Zimmerman

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Mrs Mary Ann Heller

Town

County

MARYLAND

Died at Clearspring Washington

Month Day

Y. M. D.

Native of

Occupation

Date 1902 10 26 Age 75. 4. 3 Md Housewife

Female

White

~~Married~~

Widow

~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband of Eli Heller Fannie Herr

Wife

Father's Name John Kreps

Maiden Name

Cause of Death Primary Old age 154

How long sick

2 years

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by Abraham Shank M. D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lana Helsu

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halfway</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i> ^{Month} <i>Oct</i>	<i>18</i> ^{Day}	Age <i>63</i> ^{Years}	<i>4</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>		<i>Broaford</i>		
Name of Wife or Husband					
Father's Name <i>John Kubeck</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>Husband</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of the heart</i>	How long
Immediate <i>adema of the lung</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas B Bylsma</i>
<i>Yes</i>	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

Annie J. Herring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		County <u> </u>		MARYLAND	
Date of death 190	2	Month	10	Day	11
Age		Years		Months	Days
62		—		—	
Sex	female		Color or Race	white	
Birth-place		Md.			
Married, Single or Widowed	married		Occupation	H. W.	
Name of Husband	C. W. Herring				
Father's Name	James Dowler			Father's Birthplace	Md
Mother's Maiden Name	—			Mother's Birthplace	—
Name of person giving information	James Dowler Jr			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Peritoneal Carcinoma	
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	G. M. Suter F. D.
Address	Hagerstown Md.
Accident or Suicide?	



Name In Full

Certificate of Death

Mrs. Amanda Holbert

Town

County

Died at

Huyetts

Washington

MARYLAND

Data 1902	Oct.	Month	14	Day	Y.	40.	M.	7.	D.	2.	Native of	Md.	Occupation	Housework.
Male		White		Married			Widow				Divorced			
Female		Colored		Single			Widower				Number of children living	X		

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coronar, undartakar or minister.

David Holbert

David Dickerhoff

Hannah Bridendolph

Primary Pseudo Leukemia

How long sick

18 months

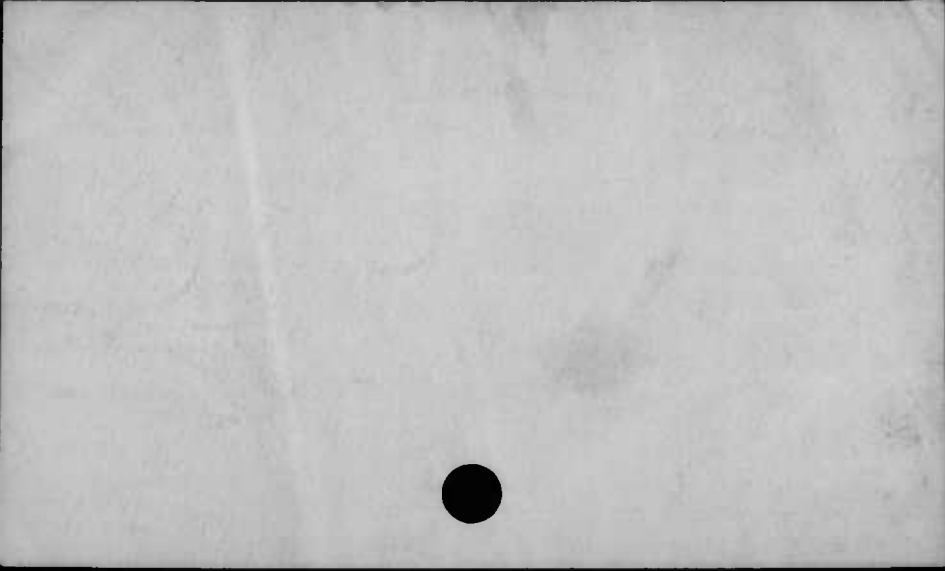
Immediate Exhaustion

~~Accident, Suicide, Homicide~~

E. M. Scott

Hagerstown

LIBRARY BUREAU, 79804



Name
in
Full

Henrietta Lucinda Keouck

CERTIFICATE OF DEATH

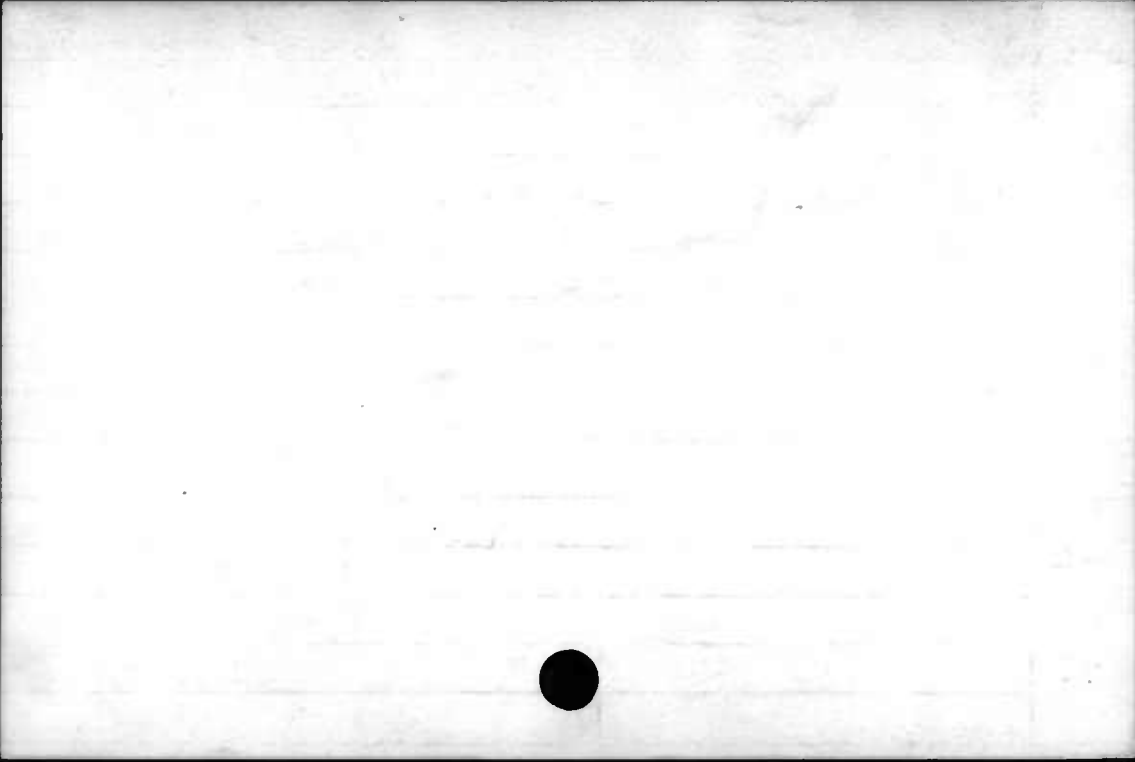
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Smithsburg		Washington		Maryland	
Date	Month	Day	Years	Months	Days		
of death 190	2 Oct	29	Age 71	4	4		
Sex	Female	Color or Race	White	Birthplace	Maryland		
Married, Single or Widowed	Widowed		Occupation	Housewife			
Name of Wife or Husband	Edward Keouck						
Father's Name	Adam Shank			Father's Birthplace	Maryland		
Mother's Maiden Name				Mother's Birthplace	Maryland		
Name of person giving information	Minnie Keouck			How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asterosclerosis	How long	8 yrs
Immediate	Sanguine	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. Youiter
		Address	Smithsburg Maryland
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Ramsey William Hunter*

Died at

Hickstown

Town

Wash

County

MARYLAND

Date

of death 190

2

Month

Oct

Day

27

Age

Years

89

Months

3

Days

2

Sex

*male*Color or
Race*white*Birth-
place*Hancock md*Married, Single
or Widowed

Occupation

*Farmer*Name of Wife or
Husband*Elizabeth Rowland*Father's
Name*John Hunter*Father's
Birthplace*Ireland*Mother's
Maiden Name*Elizabeth Beathed*Mother's
Birthplace*Pa*Name of person giving
In formation*Mrs Jane Hunter*How related
to deceased*Son-in-law*

CAUSES OF DEATH

Primary

*Old age -**154*

How long

Immediate

Potential of minor. Cerebral -

How long

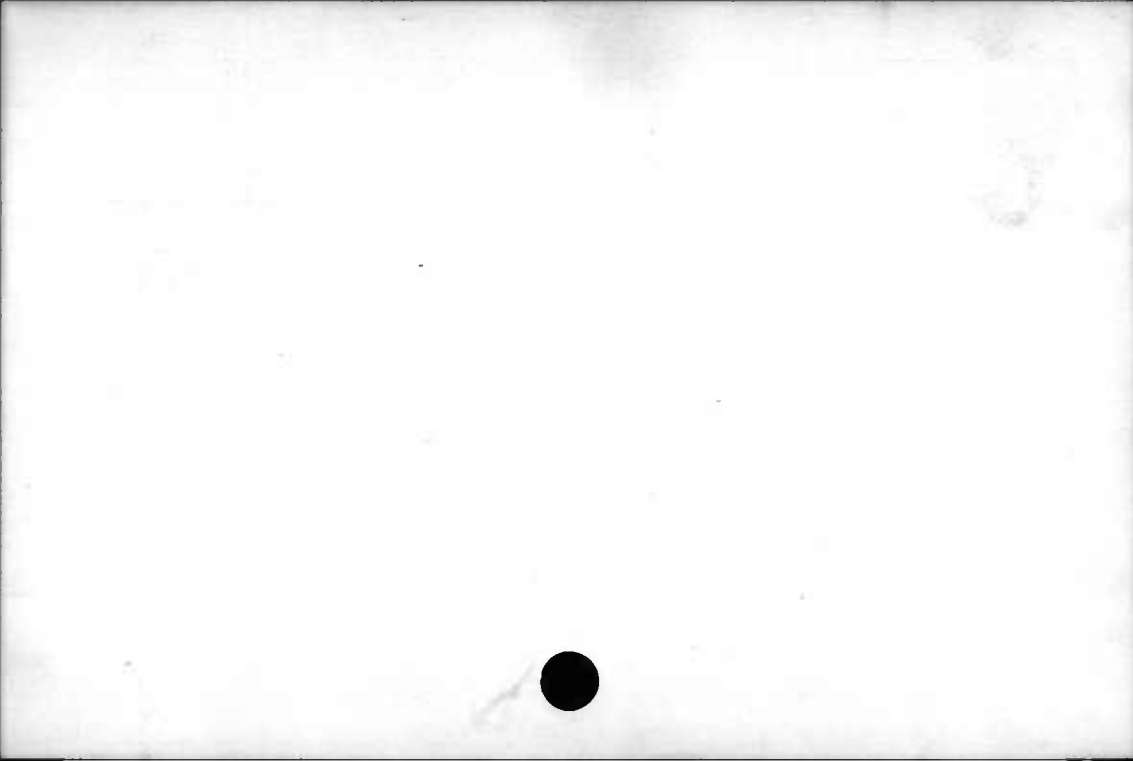
*two weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*J. S. Hunter M.D.*

Address

Hickstown Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Annie Jones Ideminge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>10</u>	Day <u>Friday</u>	Age <u>32</u>	Months <u>5</u>	Days <u>6</u>
Sex		Color or Race <u>White</u>	Birth-place <u>Funkstown</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>House work</u>			
Name of Wife or Husband					
Father's Name <u>David L Ideminger</u>			Father's Birthplace <u>Funkstown</u>		
Mother's Maiden Name <u>Ferry</u>			Mother's Birthplace		
Name of person giving information <u>Father</u>			<u>13</u>	How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion (Cholera morbus)</u>	How long	<u>36 hours</u>
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		<u>Victor Smith Jr.</u>	
Address		<u>Hagerstown Md</u>	
Accident or Suicide?		<u>_____</u>	



Name
in
Full

Everhart Leonard Enslager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Heaguerstown		County Washington		MARYLAND	
Date of death 190	2	Month Oct.	Day 20	Age 76	Years 4	Months 9	Days
Sex Male		Color or Race White		Birth- place Germany			
Married Single Widowed		Widowed		Occupation Stone Mason			
Name of Wife of was Elizabeth Everhart							
Father's Name Not Known				Father's Birthplace Germany			
Mother's Maiden Name Not Known				Mother's Birthplace Germany			
Name of person giving Information John Leonard Enslager				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Found dead	How long 179
Immediate	Supposed heart failure	How long
Are the name, sex, color, date and place correctly given above?		Signature of Physician O. W. Regan
		Address Heaguerstown, Md.
Accident or Suicide?		



Name In Full

Certificate of Death

Mary Ann McCormick

Town

County

Died at Hagerstown Washington MARYLAND

Date 1902 October 16 Age 79. 11. - Md. Housekeeper

Male White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name George McCormick

Mother's Name

154

Cause of

Primary

General Debility

How long sick

6 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

H. H. Den. M. D.

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Died at Charespring ^{Town} Washington ^{County} Miller MARYLAND

Date 1902 Oct 3 ^{Month} ^{Day} ^{Year} Still Born ^{Age} Ind. ^{Native of} Ind. ^{Occupation}

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Clyde Miller Mother's Name Daisy Miller

Cause of Primary Death Immediate How long sick

Death Immediate Accident, Suicide, Homicide

Reported by Dr. H. C. Hoeter

Address Charespring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Hillman Chas d				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Magnolia				Washington			
	Date of death 190	Month	Day	Age	Years	Months	Days	
	2	04	20					
	Sex	male		Color or Race	White		Birth-place	Magnolia Md
	Married, Single or Widowed	X		Occupation				
	Name of Wife or Husband							
TO BE ANSWERED BY NEAREST FRIEND	Father's Name				Father's Birthplace			
	Wm V. Moore				Md			
	Mother's Maiden Name				Mother's Birthplace			
	Indraua Conrad				Md			
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving information				How related to deceased			
	Wm Moore				Father			
	CAUSES OF DEATH							
	PHYSICIAN OR CORONER	Primary				How long		
Hillman				X				
Immediate				How long				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
				Address				
PHYSICIAN OR CORONER	Accident or Suicide?				Signature of Physician			
					Address			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Kellie Augusta Mosser</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>							
Date of death 190	2	Month	10	Day	9	Age	15
						Years	9
						Months	10
						Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Pa</i>
Married, Single or Widowed	<i>Single</i>		Occupation	<i>Factory Help</i>			
Name of Wife or Husband							
Father's Name <i>Jacob Mosser</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Maria Mosser</i>				Mother's Birthplace <i>Pe</i>			
Name of person giving information <i>Mother</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>		How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Wm. P. Miller</i>
			Address	<i>Hagerstown Md</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

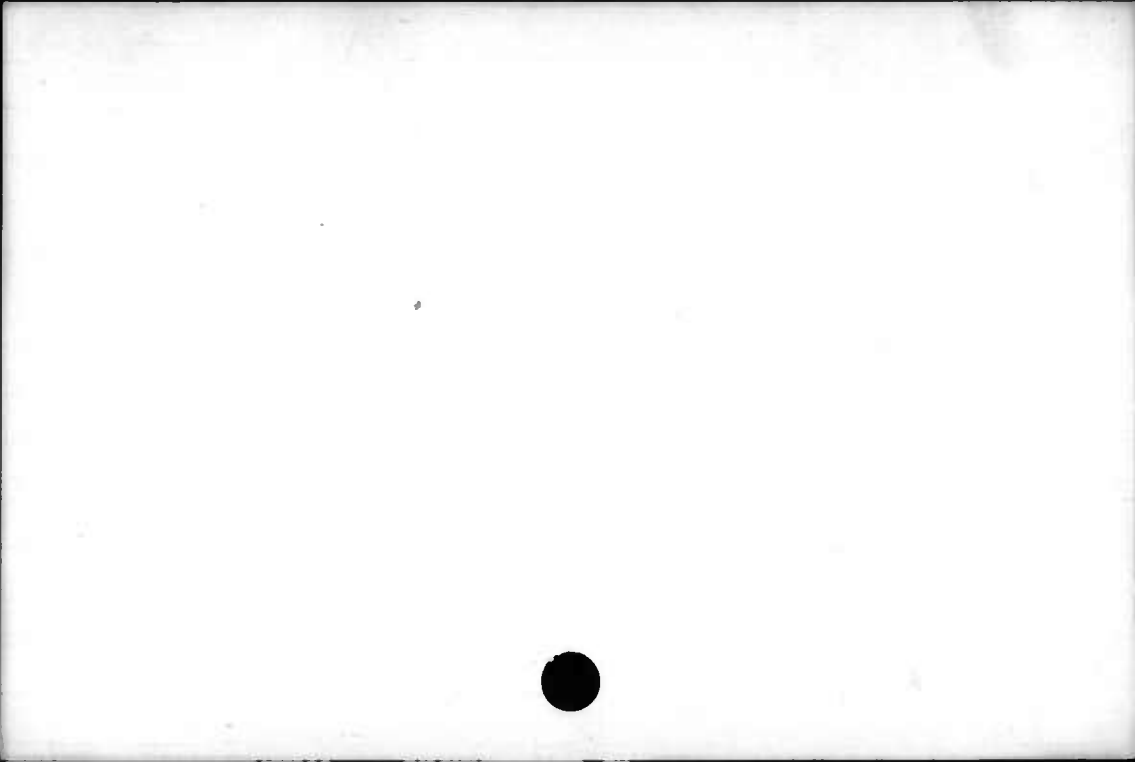
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coarpass</i> Town		County <i>Washington</i>		MARYLAND	
Date of death 1902	Month <i>10</i>	Day <i>23</i>	Age <i>46</i>	Months <i>10</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband					
Father's Name <i>John Falty</i>			Father's Birthplace		
Mother's Maiden Name <i>Ellen Lutz</i>			Mother's Birthplace		
Name of person giving information <i>Husband</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fall from wagon.</i>	How long <i>-</i>
Immediate <i>Concussion of Brain - 166</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. C. R. Miller,</i>
	Address <i>Mason - Dixon, Pa.</i>
Accident or Suicide? <i>---</i>	<i>per S. C. R. Miller X</i>



Name in Full

Melvin, Ulysses Phillips
 Town County

MARYLAND

Died at

Brownsville Washington

Date 1902

Month Day

10 30

Y.

M.

D.

Native of

Occupation

Age

2 10 5

Ma

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Lucius U. Phillips

Mother's

Maiden Name

Ann E. Smith

Cause of

Primary

Tonsillitis

ga

How long sick

7 days

Death

Immediate

Membranous Croup

Accident, Suicide, Homicide

Reported by

J. J. Yurtee, M.D.

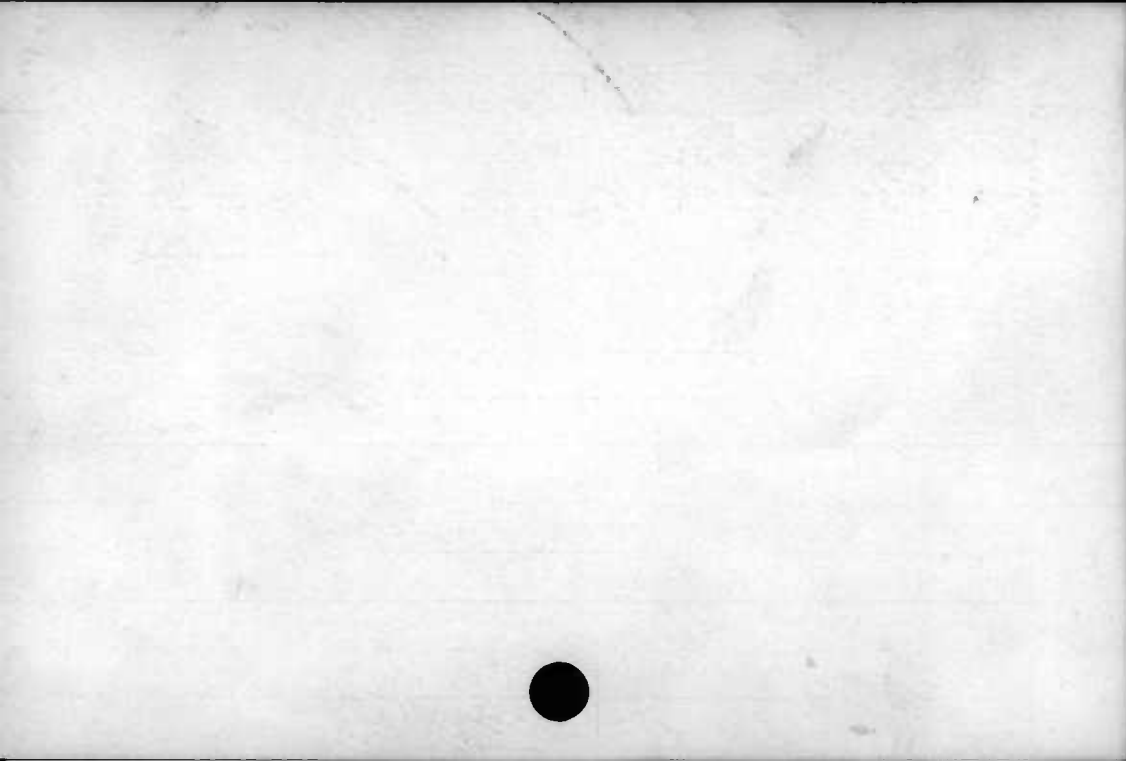
Address

Brownsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		James Schenk				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Hagerstown			^{County} Washington		MARYLAND	
	Date of death 1902		Month October	Day 2	Years	Months	Days 20
	Sex male		Color or Race white		Birth- place Hagerstown Md		
	Married, Single or Widowed —				Occupation —		
	Name of Wife or Husband —						
	Father's Name Ambrose Schenk				Father's Birthplace Va.		
	Mother's Maiden Name Dorsey Jewel				Mother's Birthplace Va		
	Name of person giving information Ann Rose Schenk				How related to deceased Father		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary Insanition				How long 151		
	Immediate "				How long 20 days		
	Are the name, age, sex, color, date and place correctly given above? y r o				Signature of Physician Victor Schiller, Jr.		
					Address Hagerstown Md.		
	Accident or Suicide? —						



Name
in
Full

Emma Smith

CERTIFICATE OF DEATH

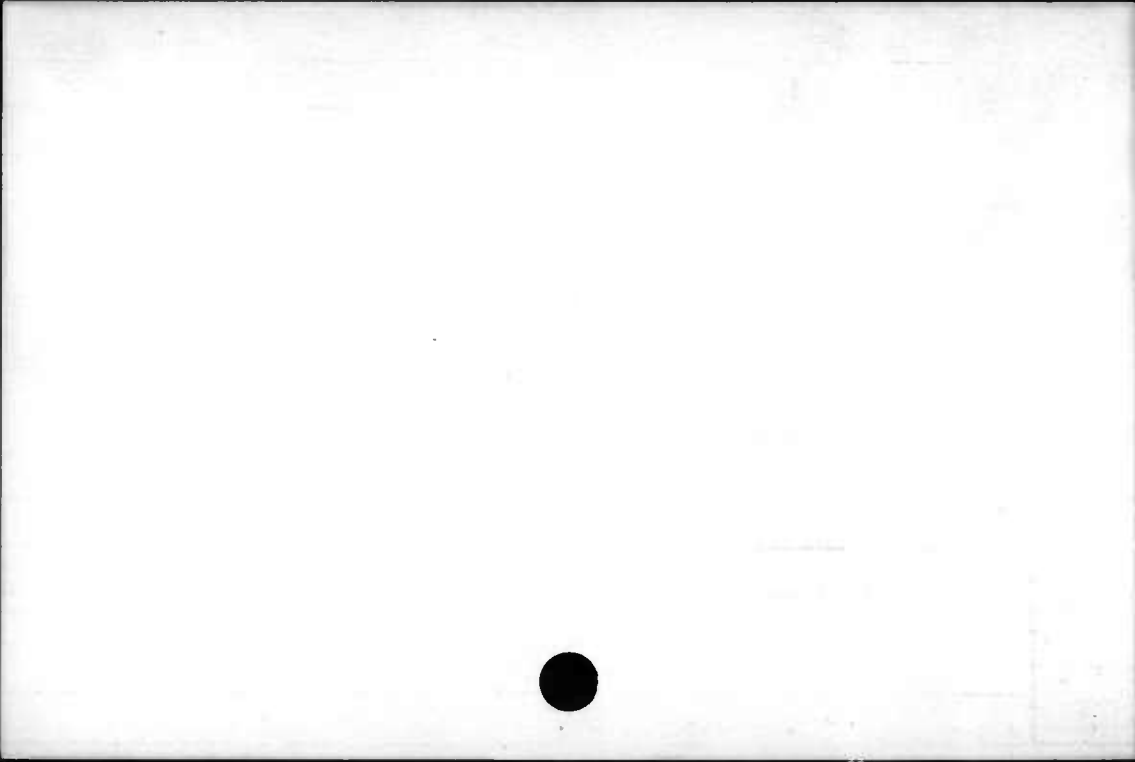
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boonsboro</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>Oct</i>		Day <i>31</i>		Years <i>31</i>		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wash-Geo-</i>					
Married, Single or Widowed <i>Married</i>		Occupation							
Name of Wife or Husband <i>Harvey J. Smith</i>									
Father's Name <i>Silas Young-</i>		Father's Birthplace <i>Wash-Geo</i>							
Mother's Maiden Name <i>Mary Catharine Humpf-</i>		Mother's Birthplace <i>Fred Geo</i>							
Name of person giving information <i>Silas Young</i>		How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Wheeler and Son</i>
	Address <i>Boonsboro</i>
Accident or Suicide?	<i>Washington County</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

Age

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Albert Zimmerman
Underwriter,
Sylvan, Pa.

Name
in
Full

Mrs Elisabeth Spielman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1902 Month Oct Day 17 Age 69 Years Months 11 Days 14

Sex Female Color or Race White Birth-place Md

Married, Single or Widowed Married Occupation Housewife

Name of Wife or Husband Ezra Spielman

Father's Name John Liggins Father's Birthplace Boston

Mother's Maiden Name Eliza Heck Mother's Birthplace

Name of person giving information Ezra Spielman 79 How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular disease of heart How long Several years

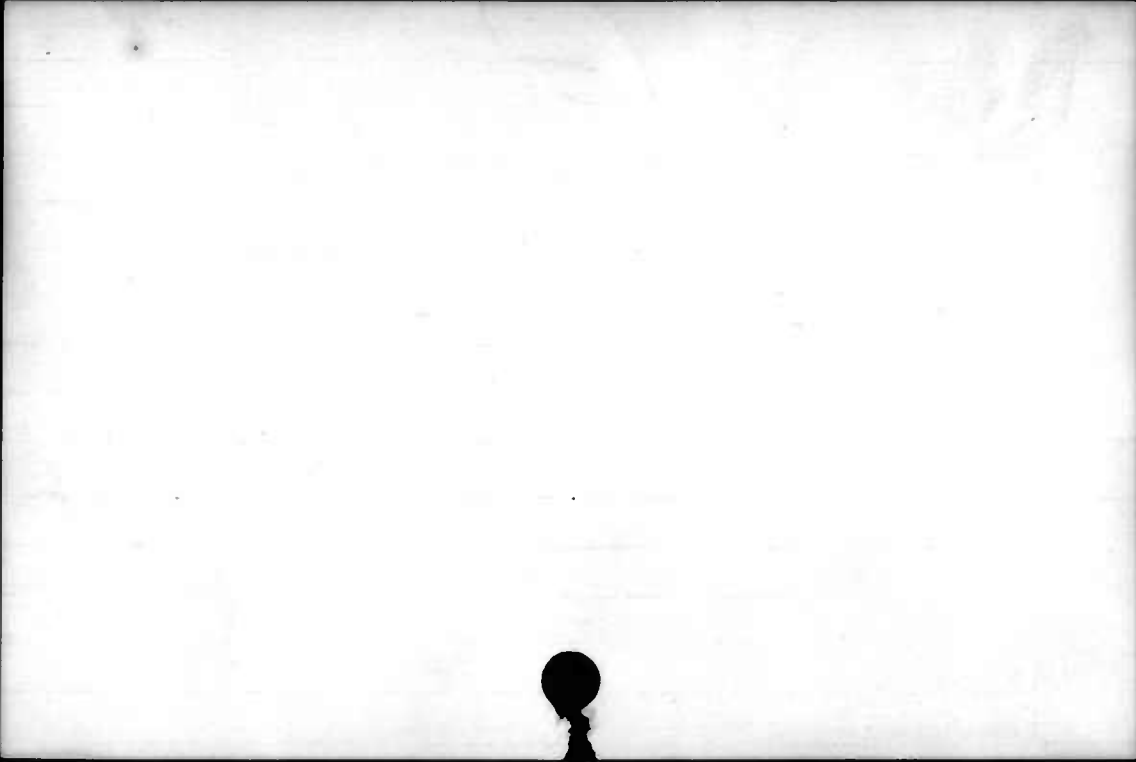
Immediate Exhaustion How long One month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician O. W. Ragan

Address Hagerstown, Md

Accident or Suicide?



Paul R. Sponseller

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1901

Oct. 10th

Age

9-8

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

one

Husband of

Wife

Father's

Name

Geo. Sponseller

Mother's

Name

179 Annie K. Sponseller

Cause of

Primary

Dentition

How long sick

about 1 week

Death

Immediate

Congestion of Brain

Accident, Suicide, Homicide

Reported by

Dr. L. M. Zimmerman

Address

Hagerstown

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Daniel Philip Sprecher

Town

County

MARYLAND

Date 1902

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Date 1902

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Month

Day

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Native of

Occupation

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Native of

Occupation

Month

Day

Age

Y.

M



Name In Full

Andrew Storm

Certificate of Death

Died at ^{Town} Chambersburg ^{County} Franklin Co. Pa MARYLAND

Date 1902 ^{Month} Oct. ^{Day} 18th ^{Y.} ^{M.} ^{D.} Age abt 75 ^{Native of} Pa ^{Occupation} Farmer

Male

White

Married

~~Widow~~

Divorced no-

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 2

Husband of
 Wife of Harriet Coon

Father's Name Aunt Kuro

Mother's Maiden Name

Aunt Kuro

Cause of
 Primary

Death Immediate old age

How long sick
 4 mos

Accident, Suicide, Homicide

Reported by H. B. Bontrac MD

Address Chambersburg Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Burial at Fairview
Md

Jösetrick & Son
Greencastle
Pa

Name
in
Full

CERTIFICATE OF DEATH

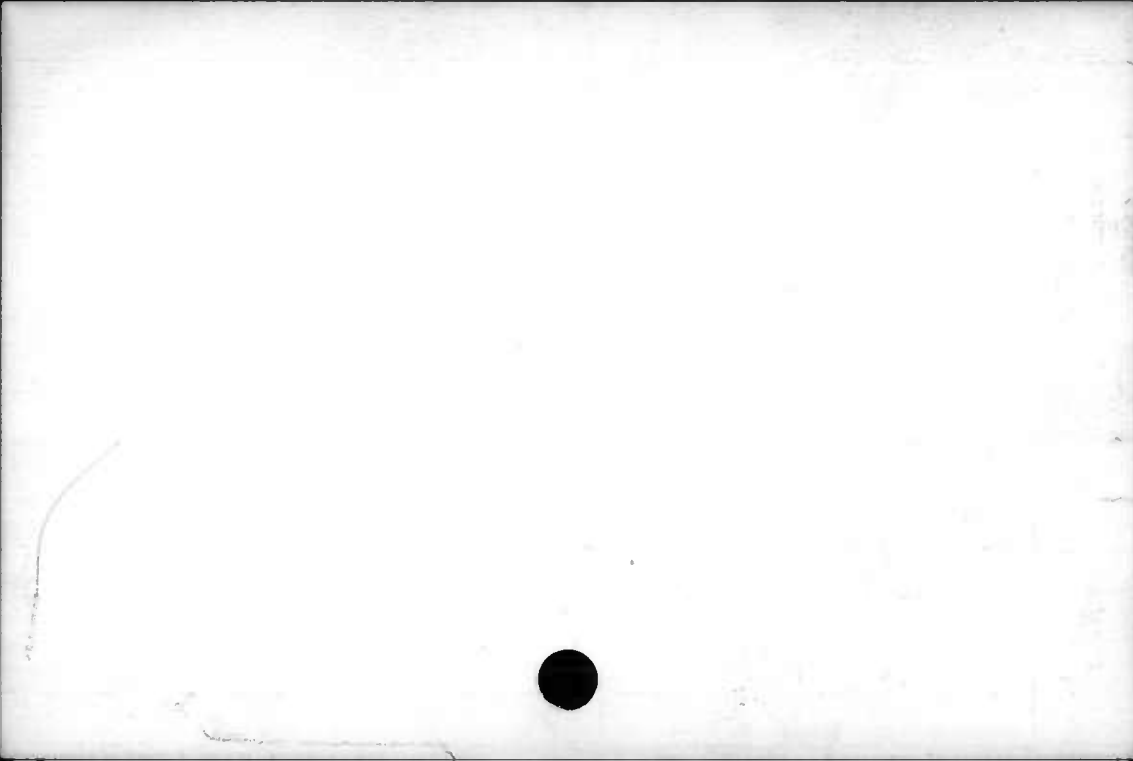
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clearspring</i> <small>Town</small> <i>Wash.</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>10</i> <small>Month</small>	<i>16</i> <small>Day</small>	Age <i>—</i> <small>Years</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Clearspring</i>	Months <i>—</i> Days <i>6</i>
Married, Single <i>Single</i>	Occupation <i>None</i>		
Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph Tawney</i>		Father's Birthplace <i>Williamsport Md</i>	
Mother's Maiden Name <i>Mary Ataway</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Joseph Tawney</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia Bronche</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>C. J. Mason, M.D.</i>
		Address	<i>Clearspring</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

Daniel A Poms

CERTIFICATE OF DEATH

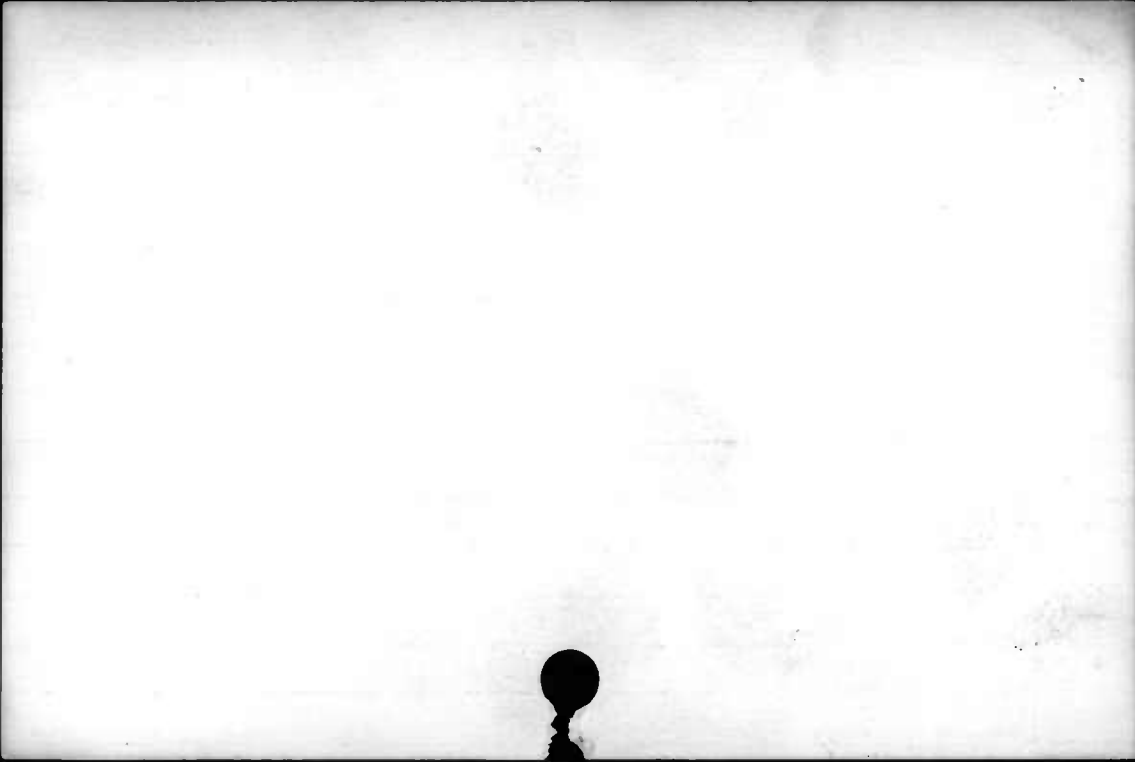
TO BE ANSWERED BY
NEAREST FRIEND

Died at Four locks <small>Town</small>		Wash. <small>County</small>		MARYLAND	
Date of death 190 2 <small>Month</small>	Oct <small>Day</small>	20 <small>Age</small>	64 <small>Years</small>	9 <small>Months</small>	4 <small>Days</small>
Sex Male	Color or Race White	Birth-place Foxville, Frederick Co., Md.			
Married, Single or Widowed Married	Occupation laborer				
Name of Wife or Husband Mary C. Burns					
Father's Name Abraham Poms			Father's Birthplace Foxville		
Mother's Maiden Name Susan Kieffer			Mother's Birthplace Friedrick Co.		
Name of person giving information Wife, Mary			How related to deceased Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart disease 79	How long 4 mo.
Immediate Heart Failure	How long 5 hours
Are the name, age, sex, color, date and place correctly given above? Yes as known	Signature of Physician Dr. Fisher gave final
some 6 mo back	Address Frank Bros
Clear Spring, Md.	Undertaker's



Name In Full

Certificate of Death

Sarah Louisa Proxell

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct.

2

Age

53-7.

Maryland

House Keeper

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~~~Husband~~

of

Wife

Abram Proxell

Father's

Name

Samuel Prox

Mothar's

Maiden Name

Aussar Reimer

Cause of

Primary

General Marasmus

How long sick

2 years.

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. S. Merriam

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

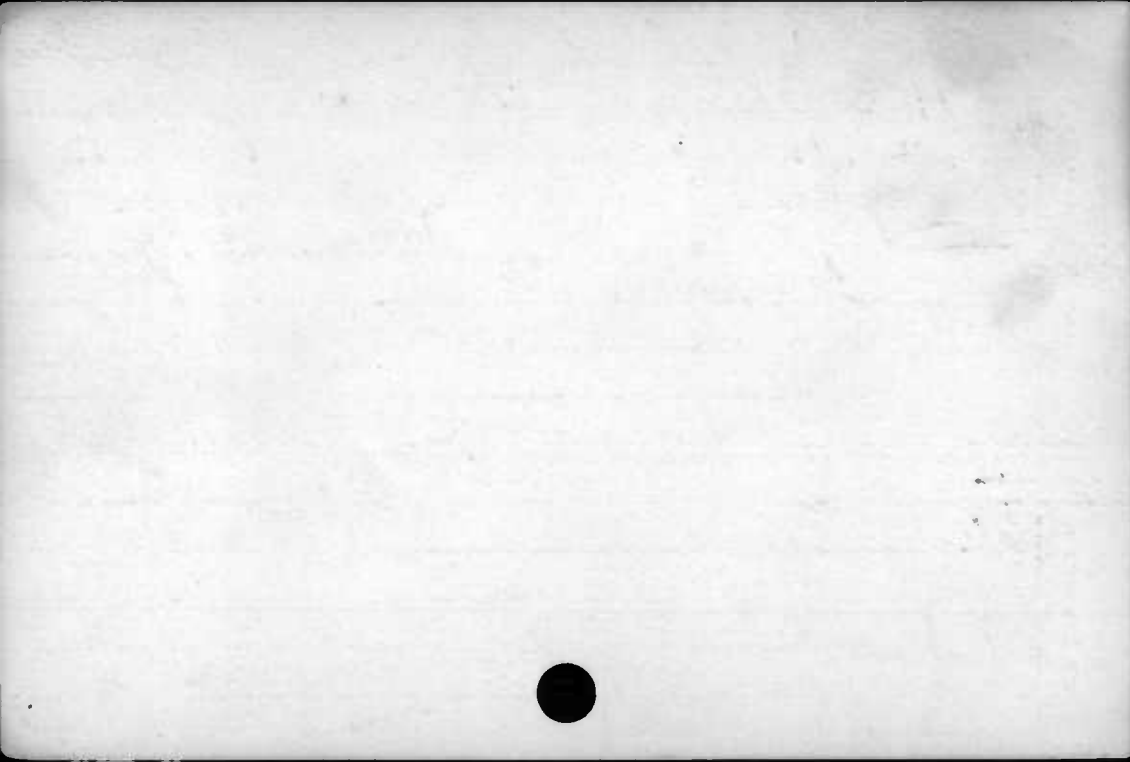
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		<i>State</i> MARYLAND	
Date of death 190 <i>0</i>	Month <i>10</i>	Day <i>29</i>	Age <i>68</i> Years	Months <i>1</i>	Days <i>13</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Farmers Co</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>House Wife</i>		
Name of Wife or Husband <i>Joseph C Ward</i>					
Father's Name <i>Thomas Cadar</i>			Father's Birthplace <i>Frank City</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Frank City</i>		
Name of person giving information <i>Joseph C Ward</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cramps.</i>	How long <i>40. Minutes</i>
Immediate <i>Heart Failure</i>	How long <i>One Minute</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Sitvogel M.D.</i>
<i>Yes</i>	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mrs Lulu Willet

CERTIFICATE OF DEATH

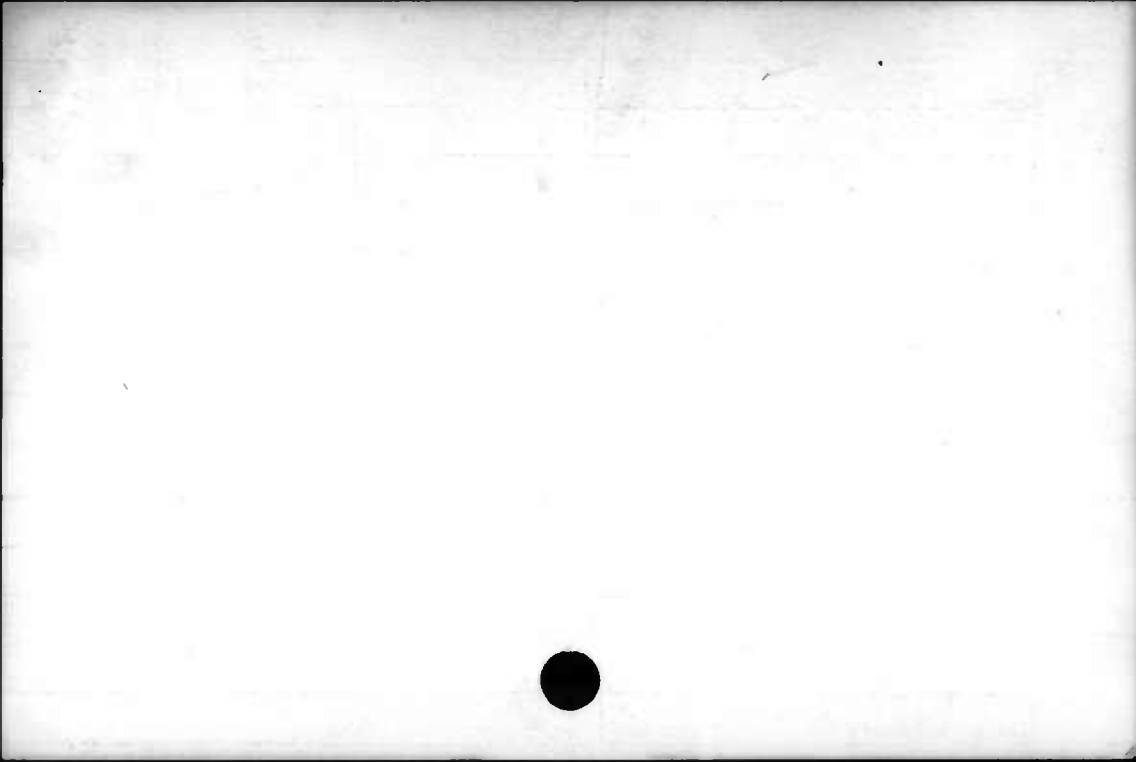
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>21</i>	Age	Years <i>38</i>	Months <i>10</i>	Days <i>20</i>			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Md</i>						
Married, Single or Widowed <i>Widow</i>		Occupation <i>Seamstress</i>							
Name of Wife or Husband <i>Frank</i>		<i>Willet</i>							
Father's Name <i>Andrew</i>		<i>Marr</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Elizabeth</i>		<i>Bombarger</i>		Mother's Birthplace <i>Md</i>					
Name of person giving In formation <i>Mr. Stouffer</i>		How related to deceased <i>Sister</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer - Carcinoma</i>	How long <i>2 yrs</i>
Immediate <i>45</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. P. Stouffer</i>
	Address <i>1419 1/2 Washington St. Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hamock</i>		County <i>Washington</i>		MARYLAND	
Date of death 1902	Month <i>10</i>	Day <i>11</i>	Age <i>29</i>		Years	Months <i>8</i>	Days <i>25</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth- place <i>Fulton Co Pa</i>			
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife or Husband <i>husband. A. J. Malfkill</i>		Occupation					
Father's Name <i>Mason</i>		Father's Birthplace <i>Fulton Co Pa</i>					
Mother's Maiden Name <i>Hess</i>		Mother's Birthplace <i>"</i>					
Name of person giving In formation <i>A. J. Malfkill</i>		How related to deceased <i>Husband.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption - 27</i>	How long
Immediate <i>Heart failure asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. Edward Tignor</i>
	Address <i>Hamock, Md.</i>
Accident or Suicide?	

